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Original Communications.

Medical Education.

No. 2.

It is very certain, that to the medical profession and to the community at large it matters naught how, when, or where a candidate for admission into the ranks of the profession has been educated, provided that, upon a thorough and fairly conducted examination, he proves himself, to the satisfaction of competent and impartial judges, to be fully qualified in all respects to assume the duties and responsibilities of a practitioner of medicine. But, to the student of medicine himself, as well as to his teachers, the question as to the best system of professional education is of paramount importance,—not merely in reference to facilitating the acquisition of the requisite kind and amount of knowledge, but also to insure the acquirement of that knowledge in such a manner, as shall place it always fully at the command of the learner, either for immediate practical service, or as the basis of future investigation and observation, adapted to its improvement and enlargement.

In a proper scheme of medical education, we should insist upon combining a proper study of books,—from the merely elementary manual, to the more complete and comprehensive treatise and monograph; an adequate course of preliminary instructions by the private preceptor; of fully illustrated prelections from the professional chairs of a medical college; and of thorough bedside demonstrations by the clinical lecturer.

In our days of pupilage, it was customary to confine the reading of the medical student strictly to the text-books, which, when their teachings were explained, amplified, and illustrated by the professors in the regular course of collegiate medical instruction, he was taught to believe would impart to him the sum and substance of all that was necessary for him to know in order to become an accomplished scientific and practical physician, and beyond which, in too many instances, his reading did not extend after he had passed his novitiate and entered upon the active duties of a practitioner. Even now, it is too much the practice of those in and out of the profession to decry what they term "book-learning" as a thing of comparatively little value to the physician, and to pronounce the time devoted to "book-study," whether before or after graduation, as so much time wasted.

A well-arranged progressive course of professional reading is unquestionably a most important branch of medical education. When properly conducted, it is one of the most effectual means of imbuing the student with the kind and amount of knowledge that is best adapted to render him an enlightened and successful practitioner. Through it, with greater ease and certainty than by any other means, he can render himself master of the facts and observations which constitute the common fund of medical knowledge, derived from the united labors of preceding and contemporary physicians; and which, while he appropriates it freely, as he may lawfully do, to his own use, he is bound, in his turn, to enlarge and perfect, as far as the opportunities furnished him will permit. Independent of the invaluable knowledge to be derived from a careful study of the standard works in the several departments of medicine in proper order, and under the supervision of a wise and talented preceptor, such a course of reading is adapted also to create in the pupil a taste for study that will continue with him throughout life.

The period devoted to the study of medicine in the office of a well-read and experienced practitioner, who performs fully and properly his duties toward his pupils, is one which, if well improved, will be in the highest degree profitable to the student, and prepare him for a due appreciation of a course of didactic and demonstrative lectures, and to acquire from them the largest possible amount of instruction.

In the office of his precepter the student should commence and carry through the course of medical reading to which we have alluded. In its prosecution, he should be assisted by the comments of his preceptor and by a series of examinations, at short and regular intervals, upon the teachings of each work that is studied. The latter is all important,—as in no other manner can whatever of importance the work contains be so effectually impressed upon the mind, and any errors into which the pupil may have fallen from inattention to, or misconception of the author's meaning, corrected.

In the office of the preceptor, also, the pupil may study, with great advantage, the osteology of the human body, and, by means of plates and models, acquire a general and useful knowledge of the anatomy of most of the soft parts. He may here, too, make himself acquainted with the physical characters of the several drugs and chemicals which enter into the lists of the materia medica, and acquire a facility in compounding them in the several forms in which they are usually prescribed by the physician. He may here likewise render himself familiar with, at least, the healthy sounds of the lungs and heart, as revealed by auscultation, percussion, etc. He may here, finally, become expert in bleeding, cupping, and leeching; in the application of apparatus and bandages to the sound body, and in many more of what have been termed the minor operations of surgery.

The medical pupil may thus, during his term of office-study, prepare himself for attendance with satisfaction and profit upon a course of professional lectures, whether in or out of the college or university. Φ

Translation.

ON THE

LARYNGEAL ASTHMA OF CHILDREN.

By the late C. CANSTATT,
Ordinary Professor of Medicine in the University of Erlangen.
(Being the section on that subject in his Pathologie.)

Asthma Laryngeum Infantum, Spasmus Glottidis, (Asthma Thyroideum of Kopp, Apnœa Infantum of Roesch, Laryngismus Stridulus, crowing disease of the English; [with an Italian and several German names;]) also,
Asthma Millari Acutum, (spasmodic asthma of children.)

Translated from the German,
By B. H. COATES, M. D,
Of Philadelphia.

(*Continued from page* 483.)

Diagnosis.—The diagnosis between the so-called asthma of Millar and croup has much employed physicians. We do not think the discrimination of the two forms of disease so difficult, the moment it is allowed to pass for granted that the spasmodic element has an important share in many cases of croup; and that under the name of pure asthma laryngeum that form of disease is alone understood, in which the spasm of the glottis exists purely of itself, and neither depends upon heightened vascular action, nor is connected with any such. In these pure cases of asthma all fever is absent between the paroxysms of spasm,—there is present neither cough nor local pain in the larynx,—the intermissions between the attacks are complete, and often continue several days; the attacks make their appearance from the first in all their violence; there is no visible progression of symptoms as in croup; there are no preceding catarrhal symptoms, nor are such observed during the intervals,—the children, when free from the paroxysm, are entirely well, and the voice is not hoarse; the disease lasts much longer than croup, with the exception of those cases which terminate by sudden suffocation, etc.

Still easier is the discrimination between asthma laryngeum and whooping-cough. Although in both diseases the whistling inspiration, with which the attacks begin, has some

similarity, the paroxysms distinguish themselves during their continuance. In asthma laryngeum, that violent protruding cough never takes place, which ends with choking and vomiting, as in the tussis convulsiva; the paroxysms of whooping cough come on by day as well as by night; a catarrhal stage precedes the convulsive; along with the vomiting at the end of the paroxysms a considerable quantity of tough mucus is forcibly expelled by choking, &c.

The cyanosis of children is also accompanied by symptoms of asthma and suffocation,—the cause of which, however, with any attention, may be easily discovered. Cyanosis, as the result of a carnate, organic defect of the organs of circulation, is already visible in the first days or weeks which succeed birth, while the customary asthma-laryngeum generally first occurs at the period of the first dentition, or still later. Cyanotic children are also ailing between the attacks, and auscultation makes known permanent anomalies in the beating of the heart. The attacks of suffocation, in cyanosis, necessarily last longer, and are accompanied by a peculiar rattling, sense of boiling matter, and a violent cough.

The asthma laryngeum runs its course, in the majority of cases, without any sign of disease of the brain; yet some cases occur in which it is complicated from the beginning with cerebral symptoms, with an apoplectic or comatose condition,—whence the disease has also received, from Clarke and Pretty, the name of cerebral croup.

Causes.—The disease seldom occurs after the third year of life, and we know of only one case in which the infant was four years old. (Hugh Ley.) It is generally children from six to eighteen months that suffer under it; but the malady is observed soon after birth.[1] As in croup, more male children than females are attacked with asthma.[2] Asthma-laryngeum is sometimes transmitted by inheritance, and frequently all the children of a family are affected with it. Children attacked by this disease are generally of a very delicate constitution—pale and puffy, and have either received a scrofulous constitution as an ancestral inheritance, or the scrofulous and rhachitic dyscrasy has been developed as a consequence of other influences; and before the attack of asthma, the constitution has been already abundantly demonstrated by eruptions on the face and head, discharges from the ears, and glandular swellings. By these retraced symptoms, by the presence of a large flabby abdomen, by disorders of digestion, by sensible external swelling of glands in the neck, is betrayed the scrofulous origin of the disease. Enlargement of the thymus gland may be assumed, according to Kyll, when the child shows his tongue in the absence of the paroxysms; when percussion in the region of the thymus yields a dull sound; when the breast, in the same locality, possesses an arched form; when the attacks are brought on by lying on the back, and when no cough is connected with it.

Many physicians, as Marsh, Hirsch, Pagenstecher, North, Laudsburg, and Brück, hold the asthma-laryngeum to be a disease dependent on the preceding development, and necessarily implying it. This view appears frequently to have real grounds, when the disease occurs during the period of dentition; although we can concede no general validity to this cause. According to North, the disease died away as soon as the teeth appeared; and, according to Laudsberg's assertion, which does not agree with the general experience of others, we shall find, as a constant indicator, either a total cessation of the labor of dentition, or at least the absence of the eruption of any teeth.

But yet many mere morbid conditions and external influences give the impulse to the development of the asthma-laryngeum. We see it follow catarrh, bronchitis, croup, whooping-cough, measles, and hydrocephalic fever; or become aggravated by these diseases. The symptoms of irritation of the brain can, as

[1] Of 18 children, there suffered from the asthma from birth, 2; after the third week, 1; after three months, 5; after six months, 5; after nine, eleven, and twelve months, each 1; after seventeen months, 1; and one after three years. (Pagenstecher.)

[2] Hachmann found 12 males in sixteen cases; Pagenstecher 14 in eighteen.

has been already said, precede the asthma, give occasion to it, or continue together with it. Again,—an irritation of the cervical portion of the spinal marrow has been pointed out as an asthma-laryngeum (Corrigan); and we shall then discover a tender spot on exploring the spinal column, and the extremities will be affected with spasms.

Kerr considers the laryngismus always the consequence of cold-catching. According to him, the disease commonly begins in winter, abates in summer under a suitable treatment, but easily returns by neglect in the inclement season of the year. At certain periods the disease appears to be more frequent, and Caspari maintains that he has seen it epidemic.

Course and Terminations.—The disease sometimes pursues the acute, sometimes the chronic course; sometimes it even ends after a duration of a few days. According to Hachmann, the first stage of the asthma of Kopp lasts from eight days to four or six weeks, or even three or four months. Hugh Ley has observed a duration of twelve months. The convulsive stage is much shorter, and lasts at most fourteen days. The disease often does not pass into this stage,—sometimes the asthma-laryngeum runs on continuously; in other cases it leaves intermissions of from three to four months.

If the disease proceeds to recovery, the attacks become gradually milder and less frequent, and finally cease entirely; and, according to Hachmann, crises take place through the skin and urinary organs. The convalescence is protracted for many weeks, especially at periods of development, (cutting teeth, excessive growth, etc.,) and in weakly constitutions. It proceeds more rapidly when the season allows the children to be brought into the fresh air, and when their means permit their residence to be changed. For a long time there continues a disposition to relapse, but this is commonly of little importance. Pagenstecher, Caspari, and others, allege that they have seen the cases of asthma abate or entirely cease on the appearance of eruptions on the head, or swelling of the joints. According to Caspari, too, a rapid progress of rickets appeared, in some cases, to stand in connection with improvement in the present disease.

Death may occur—1st, during the paroxysm itself, through forcible closure of the glottis, without death-rattle or prolonged struggle; or, 2d, by convulsions, a termination alleged by Griffin to occur in nearly half the cases; or, 3d, by gradual exhaustion of the forces; or, 4th, by apoplexy, and by passing over into hydrocephalus.

Prognosis.—The mortality is stated differently by different physicians. North states that he has never lost a child. Caspari lost 6 out of fifteen. Hachmann, out of sixteen, 2 in the paroxysm, and 1 in subsequent illness. By Griffin's statements, the disease is mortal in from one-third to one-half the cases. The following considerations have influence on the prognosis:—

1. The age of the subjects; the younger they are, the more unfavorable is the presage.

2. Their constitution. Strong children are less endangered.

3. Causes and complications. Laryngismus arising from irritation of the brain is very bad; a scrofulous origin is more favorable. Complications that weaken the organism, make the disease serious.

4 The duration, course, and stage of the disease. If the case is taken under treatment at the very commencement, its progress is often arrested. An acute course is more dangerous than a chronic one. The prognosis is very unfavorable when the malady has once entered the convulsive stage.

5. Symptoms and terminations. The more frequent and severe the attacks, the worse is the result to be anticipated. The transition to hydrocephalus is mortal.

Treatment.—The indications to be established consist, 1, in moderating and directly removing the spasms and momentary suffocation of impending attacks; 2, in removing the causal disease, which produced and maintains the spasms of the glottis; 3, in symptomatic treatment of the secondary congestions of the head and breast occurring in the paroxysms;

4, in the observance of a diet in correspondence with these indications.

The first indication is fulfilled by the use of antispasmodics and revulsives. Among the first, Millar has known assafœtida do justice to its established reputation; and, after him, other physicians, as Schæffer, Kopp, Wendt, and Tourtonal, have united in the praise of the same remedy, which has also been combined with musk. Unfortunately, however, children generally struggle against the internal use of this repulsively-smelling fœtid gum, and we are therefore almost restricted to its use in the form of injections.[1] Instead of assafœtida, other physicians—as Wichmann, Harless, Heake, Hufeland, etc.—have given musk in large doses, as from 2 to 4 grains every two hours. Dürr found a combination of musk and sulphate of copper effective. Hüter, the same, with the addition of calomel. Ebers gives, at the same time, musk and cod-liver oil,—the one to combat the spasms, the other to do away the alterations of the material composition of the body. White oxide of zinc and ammoniate of copper were commended by Kyll. Ferro-cyanate of zinc by Pagenstecher and Günther. Hirsch found best the use of small and gradually-increased doses of aqua lauri-cerasi during the paroxysms, interposing small doses of musk. Roesch praises digitalis.[2] It is the practice, during the attack to have the extremities of children rubbed, and to use the warm bath, which may also be exchanged for a bath of ley. The thorax is rubbed with diluted tincture of cantharides, or with croton oil. Hill advises the use of injections,—spirits of turpentine with castor oil.

When the malady arises from scrofulosis, a treatment operative against this diathesis must be recommended, and to this are suitable preparations of iodine, soda, burnt sponge, and cod-liver oil. Fingerhut uses iodine baths and frictions of ioduret of mercury. If the asthma appears to stand in connection with painful dentition, occasional mild purgatives do good service.[3] Cutaneous eruptions must be favored. If we can imagine that the thymus is hypertrophied, we endeavor to circumscribe the morbid nutrition of the part by the repeated application of leeches to the sternum, by frictions of ung. hydragyri and iodide of potassium, and by a general anti-scrofulous treatment. Laudsberg has recommended for the same purpose the use of Kœmpf's visceral injection,[4] and of muriate of iron. In the presence of symptoms of febrile reaction, or of irritation of the brain, we apply some leeches and use calomel internally. Marshall Hall considers it of imperative necessity, when the spasm of the glottis originates in irritation of the gums, to scarify the most projecting parts of these daily, and promote the bleeding by the application of warm sponges; many other English physicians also copy this practice with success.

There have been also recommended the ungueatum auri muriati, bromine (Fingerhut), animal coal (Pitschaft), and even the extirpation of the thymus gland (Allan Burns).

In general, the disease appears to tolerate

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[1] ℞ Assafœtid. depurat. ℥ij.
Solve in Liq. Ammon. Acet. f ℥j
Aq. Menth. ppt. f ℥ij.
Syrup. croci, f ℥ss. M.
Dirige. S. A tea-spoonful to a table-spoonful every hour or two, using injections at the same time. —Millar.

℞ Assafœtid. ℥ss. to ℥j.
Vitell. ovi i.
M. Sensim terendo cum infus. valerian (ex f ℥ss.) f ℥iv. M. ft. emulsio. Dirige. sumat. For 2 injections.—Tourtonal.

[2] Caspari praises prussic acid. Jahn and Stark give Extract of Belladonna, gr. ¼ to ½ per diem. Heyfelder recommends this remedy, and Romberg the acetate of morphia, to be employed by the endermic method.

[3] Lancing the gums appears to be very much discountenanced in Germany.—TRANSLATOR.

[4] A very complex formula, from the Hamburgh and Hesse Pharmacopœias, is reduced by Dr. Philip Phœbus, of Berlin, to the following:—

℞ Plant and root of dandelion, ℥jss.
Root of saponaria, ℥ss.
Water a sufficient quantity.
Boil down to lbjss.
Add towards the end Root of Valerian and Chammomile flowers, aa ℥vi.
Reduce it to one pint. Make two injections.

no perturbative or heroic remedy, and there have been seen abundantly more successful results from residence in the country, or a change of dwelling, than from a too active therapeia. In chronic cases, it is judicious to let pauses of a week intervene in the treatment. The diet should be unirritating, but nourishing and light of digestion. Graf enforces weaning of the children who are still at the breast; this may, however, be only admissible when undeniable evidence is present that the child has to undergo disorders of digestion in consequence of the use of the milk. The children are dressed warm, and in woollen. Cold and sudden changes of weather are injurious to them. In cloudy, damp, and cold atmospheres, they must not be suffered to go into the open air, and in like manner we protect them against great heat. We must avoid suffering these little patients to weep much or to cry, or to be tossed, swung, or see-sawed. The mother should not admit them to too full a breast, in order that they may not swallow so as to pass drops into the larynx. According to Kyll, as lying on the back promotes the paroxysms, the children should be laid to sleep on the side.

During the paroxysms children are made to sit up, and lean forwards, and are gently patted on the back, the face and breast are sprinkled with cold water, fumigating matters are held under their nostrils, and their breasts and extremities are rubbed with flannel, or with volatile irritating substances of the materia medica.

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A recto-vesical operation for calculus is reported to the Royal Medical and Chirurgical Society, by Mr. Southam. He was induced to resort to this method of operating on account of the large size of the stone, the indurated and contracted state of the bladder, and the general ill health of the patient.

Sutures were not used, but the bowels were restrained from acting for a week, by the administration of opium.

The urine passed by the rectum for fourteen days. After some months, the fistula was cured by nitrate of silver and the electric cautery.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

SEPT. 14TH.

Service of Dr. J. Forsyth Meigs.

(Reported by Mr. J. B. Hayes.)

Visible Pulsations of the large Arteries—This case was presented on the last day, and made the subject of some remarks by Dr. M. Dilatation with hypertrophy of the heart and disease of the aortic orifice, were diagnosticated.

Dr. M. remarked that an imperfect closure of this valve and visible pulsations of the arteries had a mutual relation to each other—that of cause and effect. Where one was present in a highly marked degree, the other could be affirmed.

He quoted the authority of Dr. Walshe, who says: "In the first place, no well marked case of that disease (aortic regurgitation) has ever fallen under my notice, in which visibleness in the superficial pulses was not more or less obviously present. In the second place, I have never observed *highly marked and extensive* visible pulsation without aortic regurgitant disease. But in the third place, in aged persons of their frame, whose vessels are calcified and tortuous, a slight degree of the phenomenon may certainly be noticed in the smaller arteries, independently of any affection of the aortic valves; and if the left ventricle be hypertrophous in such persons, the amount of visibleness will be materially greater, but still will fail to affect the larger trunks."

Dr. M. remarked that it was better for a student to analyse one case perfectly than to examine a dozen cases superficially, and that the inquiry into the cause of these pulsations was highly interesting, and would be profitable both to himself and to the students.

The explanation of the cause of these visible pulsations generally received, is that given by Dr. Corrigan, of Dublin. It may be found in Dr. Hope's work on the heart and aorta, at page 213, in the following words: "In the perfect state of the mechanism at the mouth of the aorta, the semi-lunar valves, immediately after each contraction of the ventricle, are thrown back across the mouth of the aorta by the pressure of the blood beyond them, and when adequate to their functions of closing the mouth of this vessel, they retain in the aorta the blood sent from the ventricle, thus keeping the aorta and the larger vessels distended. These vessels consequently preserve nearly the same bulk during their systole and diastole. But when the semi-lunar valves, from any of the causes enumerated, become

incapable of closing the mouth of the aorta, then, after each contraction of the ventricle, a portion of the blood just sent into the aorta, greater or less, according to the degree of the inadequacy of the valves, returns back into the ventricle. Hence the ascending aorta and arteries arising from it, pouring back a portion of their contained blood, become, after each contraction of the ventricle, flaccid or lessened in their diameter. While they are in this state, the ventricle again contracts, and impels quickly into these vessels a quantity of blood, which suddenly and greatly dilates them. The *diastole* of these vessels is then marked by so sudden and so great an increase of size as to present the visible pulsation which constitutes one of the signs of the disease."

Dr. M. remarked that doubtless this explanation is correct in so far as it goes, the sudden filling out of the arterial walls after a previous collapse, a collapse which does not occur in anything like the same degree when the vessels are kept duly distended by the closure of the semi-lunar valves in their healthy condition. In the normal condition of the circulation, the arteries during their diastole not only enlarge as respects their transverse diameter, but move slightly forward in their beds under the propelling power of the column of blood driven by the cardiac systole. Now, in visible pulsation we have both these movements greatly exaggerated. Not only is the lateral expansion of the vessel vastly greater than in the natural condition, but the forward momentum is largely increased, so that the artery plunges forwards in its bed with a singular and life-like vermicular motion, utterly unlike the easy, regular, and gentle pulsation of the healthy state.

To explain these great deviations from the natural phenomena of the circulation, Dr. M. spoke of another cause not, so far as he knew, cited in the books.

In the healthy condition of the aortic orifice, all refluence of blood being prevented by the closure of the semi-lunar valves, the elastic walls of the arteries, when distended by the column of blood just driven forward by the previous ventricular systole, contract upon their contents, and not being able, owing to the closure of the valves, to drive the column backward, assist materially in the forward movement of the systemic circulation. This assistance is given by the steady, equable, and gentle pressure of the elastic arterial walls, and may be likened to the operation of the air chamber attached to any common pumping apparatus. Under these circumstances the left ventricle, when it contracts, has merely to add a new wave of blood to the current which is already, owing to the steady pressure of the coats of the arteries, in gentle onward movement; but when the valves are defective, and a refluent current is pouring backward from the arteries into the chamber of the heart, the power of the organ must be extended *first* to arrest this current, and *second*, to start it in an opposite direction on its destined course through the systemic circulation. Now, we can easily obtain an idea of the great amount of power, over and above what is naturally necessary here, if we do but reflect for a moment upon what would be the consequences of a defective condition of the outlet valve of a great pumping machine. Let us take as a familiar instance the great pump at our Fairmount Water Works, and suppose that the valve at the orifice of the iron pipe, which conveys the water from the pump to the reservoirs on the top of the hill, were defective. When the piston, after having been driven home, begins to retire, the water, instead of being retained in toto in the outlet pipe, and driven onwards by the speedy expansion of the air in the air-chamber, would in part reflow into the chamber of the pump. What mischief this would create when next the piston descends. What clashing of the two currents of water moving in opposite directions. How irregular the stream, no longer driven steadily onward by the pressure of the air in the air-chamber. The water, instead of being delivered upward in a steady, even stream, would be broken into sudden, convulsive waves, and the whole machinery would be strained and shaken far beyond its proper degree.

So in the case of the subject now before us, the heart has not only to stop the refluent current, but to start it anew in another direction, and the great additional force necessary to accomplish this, gives to the column of blood in the arteries a momentum, which explains in part, at least, the violence of the longitudnial movement of the vessels; whilst Dr. Corrigan's explanation of the unusual collapse of the arteries gives us the reason of the remarkable horizontal distension of the arterial walls.

The above explanation, Dr. M. remarked, helped to account for the invariable occurrence of hypertrophy, or dilatation, or of both combined, in cases of insufficiency of the valvular structures of the heart. These secondary conditions are evidently efforts on the part of nature—as has been so well explained by Dr. Corrigan—to compensate, by increased power, for morbid obstructions arising in the course of the cardiac circulation. The eccentric hypertrophy under which this man labors, is the best thing that could happen to him under the circumstances, and I shall most assuredly not interfere with it by any reducing measures. On the contrary, this man is now allowed full diet, and is taking a bitter tonic.

Tabes Dorsalis.—The attention of the class was called to the tottering, uncertain gait of this patient

as he walked into the amphitheatre. The patient is 32 years of age, well developed, and until last April was employed as a coachman. Like others of his class, he was exposed to all inclemencies of weather, and one night in April he remained unprotected on his coach box from eleven to three o'clock thoroughly soaked with rain. From that time to this he has had a pain in his right knee, not acute and violent, but an obscure, dull, bothering pain. Two or three months ago he began to feel a weakness of his limbs, which has increased until now, with a diminished sensibility; he has partial paraplegia.

He has no impairment of vision; this function is perfect, and those of the bladder and rectum are well performed. He has no vertigo, vomiting, or other symptoms of cerebral disease. He has formication, numbness, and a stinging, pricking pain in the soles of his feet.

The patient attempted to walk with his eyes closed; after two or three steps, but for support he would have fallen to the floor. The same ineffectual effort was made to *stand* with his eyes closed.

His disease Dr. M. believed to be that to which the name of *tabes dorsalis* has been given; which consists generally in an atrophy of the lumbar spinal marrow.

The symptoms which Romberg has described as pathognomonic of this disease is well marked in this case—loss of the muscular sense, and the peculiar effect of attempting to walk without the guidance of vision. The explanation of the latter disability is the loss of muscular consciousness—that property by which muscles know how much power to put forth, when they ought to contract or to relax. He no longer had this faculty to guide his locomotion.

Treatment.—His internal treatment is one which proved successful in a case reported by Dr. Bennett, of Edinburgh. It consists in the use, three times a day, of a pill containing half a grain of protiodide of mercury, with one grain of extract of hyoscyamus. In addition to this his loins are rubbed twice a day with the following liniment:

℞. Ol. croton tiglii, f ʒii.
Tinc. sapon. camph. f ʒvi. M.

He is allowed full diet.

Albuminuria.—This lad was exhibited to the class a week ago. He is in all respects more comfortable. Dr. M. looked upon it as a case of acute desquamative nephritis, resulting from cold. The prognosis was pronounced favorable. The urine was now copiously voided; seven pints in 24 hours. Its sp. gr. was now 1004. The presence of albumen was detected only by the opalescent tint. No decided precipitate was formed by acid or heat, as on the previous occasion. The effusion had been entirely confined to the cellular tissue, and had somewhat diminished.

Treatment.—Cream of tartar, half an ounce a day, with infusion of juniper berries. It was very difficult to produce an evacuation of the bowels; to this effect the compound jalap powder was given three nights. On the 6th of the month he took ⅛ gr. elaterium; on the 10th this dose was repeated; on the 11th he was ordered vi grs. blue mass at bed time; on the next day ½ oz. castor oil, with ten drops of oil of turpentine. This had the desired effect. He has taken hot vapor baths every other day.

The diet is nutritious, but light, and he is confind to bed.

Medical Societies.

[Condensed from phonographic reports.]

ACADEMY OF MEDICINE, (NEW YORK.)

The meeting of this Society on September 7th, in the absence of any paper or pre-appointed discussion, was taken up mainly by an impromptu debate on

Tumors, and the best mode of Extirpating them.—On this occasion, the two veterans of New York surgery, Drs. Alexander H. Stevens and Valentine Mott led the discussion.

Dr. Stevens remarked, that in the early days of his professional life, when attached to the New York Hospital, it fell to his lot to prepare extirpated tumors for the museum, and he was often struck with the mass of cellular tissue, arteries, veins, nerves, etc., which had been cut out along with the tumor. A careful examination of these tumors convinced him, that these vessels and structures, the cutting of which according to the mode of operation then prevalent, frequently gave rise to much and troublesome hemorrhage, did not belong to the tumors, but were merely proximative, contrary to Boyer's doctrine, that each tumor had its artery, vein, and absorbent. This led to the practical conclusion, that by careful manipulation with the handle of the scalpel or with the finger, the cutting of these proximative vessels may be avoided, and a great deal of hemorrhage saved, while a cleaner pathological specimen is at the same time obtained. He had seen cases, where in the extirpation of a tumor twenty or thirty arteries were cut and had to be tied, without necessity. In such cases hemorrhage is not only more troublesome, but the many ligatures keep up such an amount of irritation, as interferes with union by first intention, favors suppurative and ulcerative inflammation, and thus renders the danger from *secondary* hemorrhage much greater. By using the handle of the knife and the finger freely and carefully, the glands in

the axilla, if necessary, may *all* be taken out without scarcely any loss of blood. The great *practical law* derived from these early observations, of which he had been reminded through a paper published by him many years ago, was, in operations of this kind to isolate the tumor completely, when it can be enucleated without difficulty, and a long experience has assured him that this is the best method.

DR. MOTT agreed with the excellent remarks of Dr. Stevens, with whom he was associated forty years ago in the examinations alluded to. Experience had taught him, that vessels and parts in the neck become very readily associated with tumors in that region, by a slow inflammatory and exudative process. The difficulty experienced in enucleating these tumors can however be greatly lessened by *cutting down, down* to the tumor! until it is laid bare completely, when without much loss of blood it can be enucleated. *Theoretically*, it is very convenient to cut layer after layer; but the operating surgeon will find it quite a different thing in practice. When in Paris, on his last visit, a young French Surgeon demonstrated to him eleven distinct investments of an inguinal hernia, which he had made out; but the operator will probably find considerable difficulty when he attempts to divide them layer after layer in a case where he is called upon to operate. The fact is, that in tumors, especially of the neck, as already mentioned, vessels, nerves, and other sound tissues become very readily incorporated with and agglutinated to the tumor, so that the normal anatomy of the region is to a great extent obliterated. *Cut fairly down to the tumor* is the rule, which he would emphatically impress upon young surgeons. In malignant tumors anywhere, we must frequently take out other structures, because they are incorporated with the morbid growth. This is not the case in benign tumors.

DR. KISSAM described his method of extirpating tumors. In simple encysted or sarcomatous growths, the tumor should be cut through, its contents evacuated, and then the cyst be taken out by traction, and manipulation, with the handle of the knife and finger. A malignant tumor cannot be enucleated.

DR. RAPHAEL called the attention of the Academy to the great importance of *diagnosis*, and *previous exploration* and *microscopical examination* of the tumor before operating. (We regret that this point was lost sight of in the progress of the debate; for we believe, that the diagnosis between a benign and malignant tumor before the surgeon proceeds to an operation is as *important* and PRACTICAL, as the operation itself—in many cases more so.)

DR. STEVENS thought Dr. Kissam's statement, that malignant tumors could not be enucleated, a little too broad. He had seen cases of *fungus hæmatodes encysted*. In reference to the microscope he did not consider it infallible in distinguishing benign from malignant tumors, and thought that too much importance has been attached to it.

DR. KISSAM would ask Dr. Stevens, whether in removing an encysted malignant tumor he would leave the cyst behind. Dr. Stevens replied in the negative.

DR. BATCHELDER described his method of extirpating tumors, which differed in nothing essential from that of Drs. Stevens and Mott.

DR. FINNELL called attention to the great importance of controlling the hemorrhage in operating for tumors, and suggested that *pressure* may in many cases be resorted to with great advantage, and should be more frequently employed than is generally done in operations of this kind.

DR. MOTT expressed his pleasure that the subject of hemorrhage had been alluded to in this connection. The older he grew, and the more he surveyed the field of his past labors, the more he became impressed with the great importance of the subject of hemorrhage in operative surgery. He could call to mind many a dreadful and melancholy scene where death resulted from hemorrhage that could not be controlled. His early experience teaching him the imperative necessity of spilling blood as little as possible for the well-being of the patient, led him, what he claimed as original with him, to tie large arterial trunks supplying the tumor to be removed on the proximate side. Thus he was the first to tie the carotid artery previous to the removal of a tumor of the lower jaw.

"*Cut behind!*"—Dr. Watson, the President of the Academy, called attention to the fact, that the boys' wards in the N. Y. Hospital were very much crowded, the principal accidents being fractures, luxations, etc., caused by boys getting on behind stages, and, being "cut behind," jumping off, falling, and being run over by the vehicle following. He thought that the Police should receive strict orders to arrest the offenders. Exemplary punishment in a few cases would soon abate the evil. The subject was referred to the section on public hygiene, when the meeting adjourned.

NEW YORK PATHOLOGICAL SOCIETY.

After the usual summer vacation of three months, this active Society met again on Wednesday evening, September 14th, Dr. Dalton in the chair.

DR. FINNELL presented a specimen of

Aneurism of the arch of the Aorta.—This occurred in a gentleman about fifty years of age. The patient had suffered for two years past with a cough, pain in the chest and difficulty of breathing, for which he placed himself under treatment with but very little

benefit. The patient died about four weeks ago, not *suddenly* however, as usual in such cases, but gradually exhausted and worn out.

On autopsy a bulging tumor was found beneath the sternum, which proved to be an aneurism. The three great vessels going off from the arch, diverged from the tumor; the left corotid was almost entirely obliterated, and the left subclavian somewhat diminished in size. The trachea was compressed by the tumor, and the *esophagus* found to be in a sloughy condition.

DR. CLARK wished to know if the voice was affected.

DR. FINNELL stated that the voice was not altered, and that he did not suppose that the recurrent laryngeal nerve was pressed upon by the tumor. The patient had great difficulty in swallowing food.

Case of Lumbar Abscess.—DR. CONANT presented the lumbar vertebræ and portions of the lungs of a man who had died of lumbar abscess. The history of the abscess presents no exception from the ordinary cases of this disease, except that it opened into the lungs; the whole duration of the disease was about six months.

At the post mortem examination it was found that a communication existed between the abscess and one of the larger divisions of the bronchial tubes. There was but little hepatization of the lung around the sinus.

DR. MARKOE remarked that so far as he could judge, very little inflammatory action manifested itself generally in the lungs, through which abscesses, lumbar, hepatic, etc., burst; and another curious point in these cases was that the physical signs of inflammation or engorgement, etc., in such cases were almost entirely wanting; he did not recollect of any case of some five or six which he had observed, where the physical signs would lead him to suppose that hepatization had taken place.

Rupture of the Aortic Valves.—DR. SANDS presented a heart, with the following remarks:

I have a specimen here of a heart removed from the body of a policeman who died yesterday afternoon. Four weeks ago he received injuries, supposed to have some connection with his death. It appears that four weeks ago last Saturday night, he was attacked by a person, whom he was endeavoring to arrest, and very severely beaten. Notwithstanding the injuries, he made good his capture. After this he remained on duty for forty-eight hours. He then complained of pain in his chest, and was allowed to go off duty, and was attended by Drs. Fisher and Wells, Police Surgeons. No disease could be diagnosed, except general injury of the chest. Ten days after that there were signs of pleuritic inflammation, and a systolic murmur could be heard in the region of the base of the heart. The pulse at this time was about 80; it continued not less than 80, and towards the last week increased to 135–140. During the last few days, however, the pulse was so rapid that it could not be counted. The man died last evening. Death was preceded by fever, a high pulse, and pretty constant, though not uninterrupted dyspnœa.

On examination of the chest a large amount of serous effusion was found in the pleural cavity; the lungs compressed. The pericardium contained two or three ounces of serous fluid. The principal lesion was found in the aortic valves. Upon examining the specimen, it will be seen that but one of the valves remains intact. Of the other two valves, one is almost entirely gone; the other has a large rent, extending through nearly the whole of its length; near the margin it is unbroken and has its ordinary aspect. The other valve, that one opposite the right coronary artery, is the seat of fibrinous deposit. The endocardium in the vicinity is torn.

There is also a fibrinous deposit on the endocardium between the left ventricle and the left auricle.

There is very little doubt that the rupture took place at the time the man received the injuries, thus indirectly leading to his death.

Rupture of Chordæ Tendinæ.—DR. DALTON related a case, very interesting in this connection, where a rupture of the tendinous chords attached to the anterior fleshy columns took place. The patient was a man about forty years of age, tall and spare; his previous history being unknown, as he was a stranger in the city. He was found unconscious in bed. Dr. Budd saw him first; breathing stertorous; pulse however had some force. Death took place some three hours after the attack. On applying the ear to the præcordium a bellows murmur was found, loudest at the base; throbbing of the carotids well marked.

The post mortem examination revealed extravasation of the blood on the *surface* of the brain. No calcified arteries could be discovered in the brain. The heart contained no clots, or fibrinous material. The cavities of the right side were distended with liquid blood. The whole organ showed nothing abnormal but the above lesion—*rupture of the chordæ tendinæ.*

A similar case was related by DR. CLARK, where rupture of the tendinous chords had been suspected some weeks before the patient died, and was verified by the autopsy.

Remarkable Case of Adipocere.—DR. DALTON pre-

sented a body which had undergone complete transformation into Adipocere. As far as could be ascertained the body was buried in 1832. It was found in a cemetery, or rather a pit in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it there were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found, was very watery; above this level there was but little water, although the ground was very moist. The bones of the bodies contained in this pit, and in some cases the tendons were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water mark there were several bodies converted into this Adipocere. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its color was almost precisely the same as now—(a dullish white)—if anything, it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less, when first removed; it was then like cheese of medium consistency, a mixture of the ductile and the brittle. In handling it, great care had to be used. At that time it exhaled a tolerably strong order, partly cheesy, ammoniacal and earthy. Since that time the cheesy and the earthy odors have disappeared; the ammoniacal smell however is still perceptible. In other respects it appears not to be altered in the least, and Dr. Dalton presumes it will remain in the same condition for years, for centuries, if properly taken care of.

The body is that of a large fat woman, between 45 and 50 years of age, evidently a woman past the prime of life. The anterior parietes have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the Adipocere is absolutely complete in all the tissues, except the hair, nails and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.

The substance of which this mass is composed is known by the name of Adipocere, or as the French call it "*graisse de cadavre*," (fat of dead bodies.) It is exceedingly light, so that one can easily raise the whole subject.

It is somewhat curious that all the bodies, which are reported as having undergone this degeneration, have been interred under precisely the same circumstances. The first case was observed in a similar pit at a cemetery in Paris.

The chemical composition of the substance is such, that it is regarded as an ammoniacal soap, sometimes soap composed of ammonia and lime, in other instances almost exclusively a lime-soap. Orfila and Fourcroy, who had paid particular attention to this subject assert that at first it is almost exclusively ammoniacal, the ammonia being supplied by the decomposition of the nitrogenized muscular tissue. This unites with the fat coming from the adipose tissue, which has become rancid, and produces an ammoniacal soap. Some French chemists regard it as a transformation of the muscles into oleic acid, so that Adipocere may be produced by simple decomposition of the muscular tissue. The more generally received opinion is that it is simple decompotion of the muscular tissue into ammonia, which unites with the fat of the adipose tissue. This opinion is favored by the fact, that in almost every instance of this kind the bodies are those of extremely fat persons. Such was the fact in a case, the only case of this kind which Dr. Dalton has previously seen, where the body was that of an enormously fat man. Another reason which makes it probable that the fat must come from the adipose tissue is that as Orfila ascertained, Adipocere does not take place, when the animal matter consists of muscular tissue only.

A body buried by *itself* will rarely be converted into Adipocere, because the ammonia-compounds produced by the decomposition of the muscular substance are dissolved in the fluids of the body, and these fluids absorbed by the soil, and do not unite with the fats so as to form Adipocere. But if a body is surrounded by other bodies, the bodies above decomposing, produce ammoniacal fluids. These being washed down by the rain, filter through to the ninth or tenth coffin, the water of course in its descent becoming more and more loaded with ammonia, and this uniting with the fat of the lowermost bodies, produces Adipocere. The bodies under the surface of the water do not undergo the transformation, probably because the substance is soluble in water.

This material, of which the body is composed, is very inflammable. A piece put on charcoal, placed before the flame of the blowpipe, takes fire, and is consumed readily, leaving scarcely any appreciable residue.

Old people, on the whole, have fewer complaints than young; but those chronic diseases which do befall them generally never leave them.—*Hippocrates.*

Editorial.

CLOSE OF A YEAR'S LABORS.

This number closes the second volume of the first year of the MEDICAL AND SURGICAL REPORTER, in its weekly form. A reference to the index accompanying this number—which, it must be borne in mind, represents *six months*, (and they *summer* months,) and *not* a year—will show our readers that we have not been idle. We think that we may safely say, that few, if any, of our cotemporaries, can exhibit the same amount of labor rendered in the same period of time. And there are not many medical journals in the country, if any, on which more money is expended for literary matter, for illustrations, and in presenting a creditable appearance, than on this. Our policy has been a liberal one, and we are happy to say that it has been met in a like liberal spirit by the profession.

The REPORTER was started a year ago as a weekly, to meet what we conceived to be a want in the medical literature of this country. Several attempts had been made, unsuccessfully however, to establish a weekly medical journal, which, while it was the vehicle of miscellaneous communications on medical subjects, should also report hospital clinics, medical society debates, and collect the floating news interesting to medical men, which was either lost in the columns of our newspapers, or had a limited circulation in the various localities where they excited the most interest. But, from various causes, that need not here be enumerated, these enterprises failed. The *Medical Examiner*, which was started here in 1838, as a weekly, did good service while published in that form, and was very acceptable to the profession. Its editors were men of marked ability, and it was matter of sincere regret when it was thought best to change it to a monthly. In New York, in October, 1845, was issued the first number of the *New York Medical and Surgical Reporter*, by Dr. Clarkson T. Collins. It was published every two weeks, and made a very promising beginning, but Dr. Collins' health failed, and at the close of the first year the work passed into other hands, and we think died before the end of its second year.

It has been our aim to profit by the lessons that were to be learned from the unsuccessful enterprises named and referred to above, to adopt the good features they contained, and to avoid the errors into which some of them fell. With this object in view, therefore, we seek to advance the interests of the whole profession, by diffusing knowledge which shall be alike profitable to our readers, whether in Maine, Pennsylvania, Georgia, Texas, Iowa or Oregon. Having no interest in medical teaching, either here or elsewhere, it is not our mission, nor shall it be, to "represent" the claims of any city or section in this respect.

By advocating principles and diffusing information of an elevating tendency, and in an attractive and pleasing form, we have constantly sought to improve the standing and character of the profession which we serve. Fully aware of the imperfection of our efforts, but with the consciousness that we have done the best that we could in the circumstances in which we have been placed, and appreciating the importance of our mission, we shall enter hopefully upon the labors of another year, in the belief that, through the good offices of our numerous friends, and by the favor of a kind Providence, we shall be able to do much more the coming year than we have the past, and that we shall receive, as we shall certainly endeavor to deserve, a constantly growing patronage.

REPORTS FROM NEW YORK.

We commence this week our regular weekly Medical Society and Clinical Reports from New York. Our correspondent in that city—"Gotham"—who has for years been a regular contributor to our pages, will prove to be an intelligent observer of men and things, and will keep us well posted in matters of interest to medical men that transpire in the commercial metropolis of the Union. He has secured the aid of a medical man who is a thorough

phonographer, and who will take *verbatim reports* of debates before the medical societies, and of remarks in important clinical cases. From these verbatim reports a condensed report will be prepared for our pages. It will be readily seen, therefore, that our reports of medical matters in New York will be fresh and reliable, and we have no doubt but they will prove highly acceptable and instructive to our readers.

It will be seen in this week's report, that those veteran surgeons, Drs. Mott and Stevens, both took part in a discussion on the proper method of extirpating tumors. Next week we expect to give a report of discussions on yellow fever, before the Philadelphia County Medical Society, and the New York Academy of Medicine, the one being led off by Dr. Wilson Jewell, and the other by Dr. John H. Griscom. These reports will be found to be full of interest, and will, we doubt not, be appreciated by our readers. By diffusing knowledge, they will add to the intelligence and learning of the profession.

☞ The next number of the REPORTER (for October 1) will be a *student's number*, and we respectfully request those who are interested in medical teaching in this city to send us their cards and circulars, that we may collect all the information that we can that will be of interest to students the coming winter.

Arsenic in the Treatment of Intermittent Fever.—Dr. L. D. Sheets, of Liberty, Ind., in the *Lancet and Observer*, calls attention to arsenic as a permanent cure in obstinate cases of intermittent fever. Dr. Sheets uses arsenic in the form of Fowler's solution. He regards it as almost infallible, and says that the cure is safe and speedy. He first arrests the disease with quinia, and follows it if the chill is likely to return in a week, with twelve drop doses of Fowler's solution three times a day, and continues it until it produces its specific effects, usually first manifested by swelling of the eye-lids. He seldom stops short of giving five or six drachms of the remedy in an obstinate case. If the chill is not likely to return for two or three weeks, a few days may intervene before giving the arsenic.

Correspondence.

MEDICAL MATTERS IN PARIS.

August, 1859.

The medical man, on his arrival in Paris, for the first time, must of necessity, look at the interesting and magnificent public buildings, monuments, and treasures of art, science and industry, which are free to all. The larger number of these are to be seen on Sundays. The number and extent of places to be seen in this city are so great, that it would require several months' residence to see them all to advantage; but one week is usually considered necessary to devote to them exclusively. This, however, is not necessary, as pleasure and knowledge can be so combined, as not to tire of the one, or make the other too monotonous by its repetition. The medical man, by getting up at seven instead of nine o'clock, can spend four hours at the Lecture or Hospital, and then devote the balance of the day to sight-seeing.

JARDIN DES PLANTES.

This institution is one of great interest, and full of instruction, as it comprises not only a garden of plants and trees, all carefully labelled, but also, a Menagerie, Cabinet of Comparative Anatomy, Gallery of Zoology, a Mineralogical and Geological Museum, Botanical Gallery, Lecture Room and Library. In the garden in this month, we found but little to attract attention, it being very dry and hot. To the School of Botany, we did not obtain admission; it is said to be carefully re-arranged, and the visitor may at once know the nature of the various plants by the color of the tickets; the red denotes medicinal; the green, alimentary; the blue, those used in the arts; the yellow, ornamental; and the black, poisonous. We visited the mounds, and on arriving near the top, we discovered a splendid cedar of Lebanon, which it is stated, Dr. Collinson, of England, presented to the garden in 1734, and which was planted in this spot by the elder Jussieu in 1735. It is truly a magnificent shade tree, under whose graceful branches, fifty persons might easily find shade. The Menagerie is much inferior to that of Regent's Park, London, which is the most complete of any I have seen, in either Belgium, Holland, Prussia or Germany. Of the Cabinet of Comparative Anatomy, I can speak with great satisfaction. It is a monument to Baron Cuvier, by whom

it is stated, it was brought to its present perfect state. Here is the largest and finest collection of the whale tribe, that is to be found; and there is a most wonderful specimen of the cachalot in the court, which is stated to be 56 feet long; also, numerous other interesting marine animals, brought from the polar regions. There is then a suite of eleven or twelve rooms, containing dissections of birds, fishes, reptiles, with specimens or casts of all parts of the human body, and crania of every nation. Where there has been no good specimen, the arts of Daguerreotyping and Photography have been brought into use, or the pencil of the accomplished artist has given a perfect copy of their appearance. There are also some remarkably fine wax specimens. In the 11th room there is a collossal bust of the distinguished Cuvier, by David d'Angers. The fossil remains are much inferior in number and rarity to those of the British Museum, and are also badly arranged, on the ground floor. The number and extent of large stuffed animals is also inferior to those found in the British Museum, being all huddled together, and not so well arranged.

The Gallery of Zoology.—This building is 390 feet in length, and has two stories besides the ground floor, and is filled from floor to roof with a truly matchless collection of fishes, turtles, aquatic and other birds, and reptiles. The largest dried specimens are suspended from the ceiling. The fourth room contains the crustacea; the fifth, the largest collection of apes that I have seen; the sixth, zoophytes, sponges, nautili, &c.; and the seventh, the quadrupeds. From here we pass to a series of four vaulted rooms, the two first and the last containing various specimens of mammalia. The third is a very long vaulted room, and is filled with 10,000 specimens of birds from all lands. Great praise is due for their perfect arrangement, especially those in the circular cases in the centre of the room.

The Mineralogical and Geological Museum.—This most admirable and valuable collection, with its perfect arrangement for study and examination, is in the building on the south-eastern corner of the garden,—not in an out of the way corner like some of our home collections. It consists of two stories, and is 540 feet long by 40 wide, and 30 high. It is divided into three compartments by two doric porticos. In the centre are two statues, representing Geology and Mathematics. The entrance nearest to the Zoological Gallery, leads to an ante-room, giving access to an amphi-theatre for lectures in front; to the Library on the right, and to the Mineralogical collection on the left. This latter is contained in a long room, with thirty-six columns, and lighted from above. It has galleries on either side, under which are laboratories and rooms for the professors and attendants. The walls at both ends of the room are adorned with paintings, illustrative of interesting Geological formations. At this end is placed a most wonderful specimen of meteoric iron, weighing 1304 lb., which is stated to have fallen in the department of the Var. Horizontal cases contain the minerals in the centre, with intervals between them for very large or rare specimens. In front of the galleries are arranged upright glass cases, in which specimens are admirably seen, and at intervals, those minerals which are employed in the arts, are grouped together in similar cases in front of the pillars. The galleries contain specimens of all the known rocks and fossils. The light upon them is perfect, and the arrangement creditable to those who planned these buildings. The number of specimens in both collections is stated to be about 60,000.

Botanical Gallery.—This gallery is better arranged than the collection of its rival, in the British Museum. The number and variety of trees, woods, bark, roots, and fruits in wax, with the truly natural collection of fungi, also in wax, is truly wonderful and gratifying. The total number of dried plants exceeds 400,000, and of woods, fruits and grains, 5,000. I did not examine the herbal, which consists of 50,000 species. The Library, which is stated to contain 30,000 volumes, and 15,000 pamphlets, of works on natural history, was not open.

L'Ecole de Medicine.

In the year 1469, the first Medical School was established in Paris, and in 1472–7, buildings were erected for that purpose in the Rue de la Bucherie. On the union of the faculty of medicine with the School of Surgery, they removed to the new school of the latter, the present edifice, which was inaugurated in 1776, in which they have now been 83 years. It is situated in one of the densest portions of Paris, surrounded with small shops, in a narrow street, and is not in a fit condition to contain the most brilliant School of Medicine in the world. It is truly surprising, while Paris has undergone such important and beautiful alterations, to find this celebrated school in so poor a neighborhood, with such a building, and at a distance

from every park or public ground (and these so numerous in Paris,) suitable for recreation or exercise. The seats which the students have to occupy have no backs, and are narrow and dirty. It is well they have not to pay for them, else they would have rebelled long ago.

The Faculty of Laws have a magnificent building in one of the open spaces in the city. Even the buildings for public entertainments are grand in location in comparison with this invaluable school of medicine, which I fully expected to find in the outskirts of the city, a magnificent building, surrounded with grounds, fit lungs for the 1400 students which fill its amphitheatre. The building has a front on the street of 198 feet, and the lateral wings are connected by a portico formed of a double range of coupled Ionic columns, interrupted by an arched entrance, leading into a rectangular court. This is 66 feet by 96. The portico leads to the amphitheatre; it is lit by a sky-light. The lectures here are all gratuitous, and are delivered by twenty-six professors. The student must take thirteen inscriptions, and each time be examined and pay his fees. He must have attained the age of eighteen, and pursued his studies during four years, and at the commencement of every third month he must inscribe his name at the bureau of the faculty; he must also show a diploma of a bachelor of sciences. Those who have graduated elsewhere cannot obtain a French diploma, without paying all the University fees, which are 1260 francs, or about 252 dollars.

The external portico, before spoken of, leads to the great staircase on the left. There is a fine bronze statue of Bichat in the court, and besides the grand staircase, there is a plaster statue of Breschet, with his hand on the heart of a boy, marked "*rechercher sur la vie et la mort.*" On ascending the stairs, a door opposite leads to the Museum of Comparative Anatomy of Orfila, which although small, is most remarkable for the care and perfection of its anatomical preparations. So many elaborate injections and dissections I have never seen in any of the collections in London, Leyden, Edinburgh or Glasgow. The first specimen which attracted my attention was that of the respiratory apparatus of the ostrich. The immense capacity of the thorax was beautifully shown; also the air canals of the humerus. This preparation was by M. Sappy. In another case was an elaborate preparation of the bones of the head and teeth of the carnivora, by the distinguished surgeon, M. Chassaignac. There are also numerous splendid ligamentous preparations by P. Dennci; also, valuable specimens prepared by Professor Velpeau; very fine ligamentous preparations of the knee-joint and arterial supply, by Chassaignac; of the carotid plexus and arteries of the face and neck, by Dononvilliers. Also, of the nervous system by the same surgeon. There is a most complete model of the muscles of man in the centre of the room, by Dr. J. Talrech. The second room is devoted to spinal and regional anatomy, and are most admirable specimens for the study of parts which are usually hid in the ordinary injections and dissections. There are also five sets of microscopic preparations, with lenses and microcopes to examine them. There are injections of the veins of the jejanum and ilium, also of the capillaries, face and hand, by Bourgvey et Ludom, Hirchfeld and others. A remarkably fine specimen of injected capillaries of the face is marked from Baron Larrey. A circular staircase leads to the gallery, which contains injections of the lymphatic system; also, an interesting series of preparations illustrating *embryology* in its various stages. There is also an interesting and instructive tableau de accouchments, invented by P. Dufrey, M.D., in 1821. It is a beautiful female, painted on a large wooden frame with gilt edges. The portion of the board representing the abdomen and organs of generation is movable, having a series of pannels on which are painted the several stages of labor. There is a very perfect collection, 112 in number, of the ossicula of the ear of man and animals, from the embryo of six months; also, some fine wax models of the ear. There is a preparation by M. Gros, of the nerves of bone, carefully prepared. I have not, I know, done justice to this beautiful collection, which has been truly the work of the masters in our profession. There is a third room, which contains a fine collection of materia medica, and articles employed in medicine, with the surgical instruments of all ages, and here are arranged microscopes with numerous specimens, for free examination by the student. Passing into the cabinet to the right, there is a fine library of medical works, to which the student has access. I noticed some fifteen or twenty taking advantage of the privilege.

August 18. Visited to-day the *Hospital de la Pitié*, 1 rue Lacepede, which is a hospital annexed to the Hotel Dieu. It is near the

Garden of Plants. It was founded in 1612, and is so named because its chapel was dedicated to *Notre Dame, de la Pitié.* The buildings are spacious, and contain 624 beds. The average number of patients yearly is stated to be 10,750, and the mortality 1 in 11.50. The physicians are Drs. Marotte, Gueneau de Mussy, Gendrin and Berntz. Surgeons, MM. Michon, and Maisonneuve. It being Maisonneuve's day, we saw him visit the wards. He is a short stout man, with a dark eye, slightly grey, and bald, with a nose *air la trousque*, with a very active, energetic movement. He made all the dressings himself, making a pleasant remark, or joking so as to cause a smile to go the rounds. He has a hobby at the present time, in a new disinfecting agent, namely, bullock's blood as prepared, when it is employed in refining sugar. This he mixes with oil to the consistence of an ointment, and applies it to all forms of ulcers, and to open cancerous ulcerations of the os uteri, &c., alternating it by the use of glycerine. The wards were clean and neat, each containing twenty beds, ten on each side. It has twenty-five nurses, Sisters of St. Martha, who attend the patients. There is no division in the diseases, in the mens' or womens' wards. Syphilitic, tuberculous, cancerous, and diseases of other classes, with the eye cases, all are together, and in the hurry with which he passed through his wards, but little was to be learned by the student or medical practitioner. L. T.

Periscope.

FOREIGN.

By Dr. L. Elsberg, of New York.

Curative and prophylactic effects of Bromine in Pseudo membranous affections.—Dr. Ozanam states (*Gazette Des Hôp.* 61, 1859) that since he first made the efficacy of preparations of Bromine in croup known to the profession, (now three or four years ago, if we remember rightly) his favorable reports have been fully confirmed by his own enlarged experience, and that of many who have followed his mode of administration. The usual solvents for bromine, alcohol, ether, chloroform, and also glycerine, he entirely discards on account of the formation of bromoform, hydrobromic acid, etc., and since water dissolves a variable quantity, according to temperature, and the more or less thorough shaking up, he directs 2 drops pure bromine, (10 ctgrmm, 1½ grains) to 100 grmm, (3 oz. 1 dr. 4.44 grs. by weight) of distilled water to be shaken until entirely dissolved. The solution has a fine amber color, and in well stopped bottles may long be kept unchanged. Addition of a quantity of bromide of potassium equal to that of bromine, will entirely prevent formation of acid and decomposition. Of the *aqua brominii* thus prepared, he commences with 1 to 5 drops daily, taken in a tumbler of water or mucilaginous mixture, a tablespoonful or two at a time. If it does not disagree with the stomach, the dose may be increased to 25 or 30 drops daily. This medicine he uses in all cases of croup or croupous affection, and claims for it not only curative but also prophylactic powers, having proved the latter in several families, and in a large school for girls, where some of the members becoming affected with membranous angina, he claims to have protected all the others by giving them aq. brom. internally, and placing vessels with bromine water in the rooms.

Clemens' solution.—In the Reporter of May 7th, (vol. ii. p. 131,) we spoke of Dr. Clemens' solution of arseniated bromide of potassium. We now earnestly urge our readers to give it a trial on account of the reaccumulated evidence from Europe of its excellent *tonic, alterative* and *resolvent* properties, as used in cases of intermittent fever, of chronic cutaneous diseases especially of syphilitic origin, of syphilitic swelled testicle, and one case of tumor albus of the knee. We have employed it in but one case as yet—secondary and tertiary syphilis of six or seven years standing—and think it was the only medicinal agent that benefited our patient, who is now well, after three and a half months' treatment. Dr. C. prepares his solution as follows:

℞. Pulv. arsen. albi. depur.
Potassæ subcarb e tartaro, aa ʒj.
Coq. c. aq. dest. lbss ad perfect. solut., refrig. add. aq. destil. q. s. ut fiat solut. ʒxij
Dein add. brom. pur. ʒij.

This solution must be shaken several times daily for a week; it will become colorless in four weeks time, when it is ready for use, and must be kept in the dark. The dose is 3–4 drops in a glassful of water once or twice a day. *"No other medicine seems to act so rapidly and certainly as a tonic to the whole system."*

Marriage and Celibacy in relation to Longevity. In 1851 the population of France exceeded 36 millions. Of these 13,935,046 individuals were married. 8,564,049 single (4,014,105 males, 4,549,944 females); 2,524,092 widowed, (836,509 males, and 1,687,583 females.) Of the *married*, under 20 years, the mortality was very large as compared with that of single persons of the same age, confirmatory of the injurious effects of too early marriage, being 1.4 per cent of the women and 0.9 of the men, to 0.7 of unmarried females and 0.6 of unmarried men. Between the ages of 20 and 30 years, the mortality of married women is greater than that of married men, probably principally on account of the dangers of parturition, which are in France increased from the fact that general midwifery is left almost entirely to unskillful female hands. From 30 years to 50 years it is about the same in both sexes, and after that, slightly greater in the males. Stating the per centage by the thousand instead of by the hundred, it is as follows:

Age.	Married Men.	Married Women.
50–60	18.3	16.3
60–70	35.4	35.4
70–80	88.6	84.9
80–90	183.6	180.4

Of the *unmarried*, while under 20 years, the mortality is proportionately greater in the female sex; it is, after that time, greatest in the male. This is no doubt, to a great extent, due to the military service.

Age.	Unmarried Men.	Unmarried Women.
Under 20	6.0	7.0
20–30	11.3	8.7
30–40	12.4	10.3
40–50	17.7	13.8
50–60	29.5	23.5

Comparing the mortality of the unmarried females with that of the married, the comparison is in favor of the unmarried under the age of 20 years, as already seen, and also from 20–25 years, being at this age 8.5 in the unmarried to 9.8 in the married. But after that age, the proportion is different, thus:

Age.	Married.	Unmarried.
25–30	9.0	9.2
30–40	9.1	10.3
40–50	10.0	13.8
50–60	16.3	23.5
Over 60	35.4	49.8

The comparison of the mortality of married and unmarried men yields similar results.

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The per centage of mortality of *widows* is at all ages under 40 years much greater than that of single women, and considerably less than that of the latter over 40 years, but it is always greater than that of the married women whose husbands live. The proportionate mortality of *widowers* under 40 years is rather favorable, but after 40 years becomes much greater than that of married or single men. By the above statistics it is again proved that marriage, when not too early contracted, favors longevity. We must, however, take the fact into consideration, that the ideas of marriage and celibacy are not very sharply separated in France, and that concubinage is extensively practiced.

Anæmia Lymphatica is a term applied by Dr. Wilks to a peculiar condition, the essential features of which are the most extreme pallor of anæmia, enlargement of one or more groups of the lymphatic glands, and a peculiar morbid condition, with occasional enlargement of the spleen, depending upon the deposition of an opaque white lardaceous material, in isolated masses, or diffused through the substance of the organ, and resembling bacon-rind. The *Lancet* says, that the malady is so striking, and yet so peculiar, that when carefully studied it is almost impossible to mistake its identity. In relation to six distinct cases which have been reported, Dr. Wilks observes in regard to the symptoms during life, and the appearance after death:—

"Their uniformity is too considerable to constitute merely a coincidence between the glands and the spleen, and therefore there is, without doubt, a peculiar form of affection involving these organs, accompanied by an anæmic cachexia, prostration, and death. I say, a peculiar affection,—for, though allied to the tubercular, I believe it to be one not yet recognized under the ordinary forms of disease."

A case of corneal fistula, occurring in an old cicatrix of the cornea, which resisted treatment by nitrate of silver in the ordinary manner, has been closed, by Mr. Dixon, by the following operation:—

Having touched the fistula with the nitrate of silver, he made a counter-opening, evacuating the aqueous humor. While the cornea was thus rendered flaccid, the fistulous opening permanently closed; the eye being kept at rest with adhesive strips.

2

Division of the tendon of the rectus femoris has been performed by Mr. Brodhurst, at the Orthopædic Hospital, London.

The case was one of great deformity from irregular union of fractured femur, which had occurred two years previously. There existed very slight motion of the knee joint, which was stopped suddenly as if by a projection of bone. It was evident that the contracted condition of the quadriceps extensor was the cause of the immobility, and it was therefore determined to divide the tendon of the rectus femoris.

The division was effected from an inch and a half to two inches above the patella, so as to avoid the bursa. Gradual flexion of the leg has been continued, and it is believed that the motion of the joint will be fully restored.

Fossil Pathology.—The *Lancet* says, that Mr. Serres has found on fossil bones evidence of pathological affections similar to those of the present day, such as exostosis, periostosis, etc.

Solid Perchloride of Iron as a Styptic.—In a recent communication to the *Medical Times and Gazette*, Mr. J. Z. Lawrence called attention to the powerful local styptic properties of the solid perchloride of iron. In the same journal of August 27th, he proposes a superior method of employing it. "If the solid perchloride of iron be kept in a bottle, a small portion of it, after a time, deliquesces into a thick brown fluid, which is kept in a constant state of super-saturation by the undeliquesced portions of the salt. This liquid, applied by means of a spun-glass brush to a bleeding surface, arrests the bleeding almost instantaneously." Mr. L. recommends this method of application especially in excision of the tonsils, bleeding from the deeper seated gums, etc. He has never known inflammatory action to follow the use of the solid perchloride.

Strangulated Congenital Inguinal Hernia. Dr. Reed B. Bontecou, of Troy, N. Y., reports, (*Am. Med. Monthly,*) a case of strangulated congenital inguinal hernia in a boy, aged thirteen years. He did not see the patient until the third day after strangulation occurred. A large mass of omentum was removed by ligaturing and then excising the ligated portion. The patient was kept under the influence of opium in three grain doses given every six hours. He was discharged on the 17th day after the operation with a *radical cure* of his hernia.

Medical News.

The *Medical Times and Gazette* says, that a committee has been formed at Berlin, consisting of the most eminent men in every department of science, for the purpose of raising a fund to establish a "Humboldt Foundation," as a perpetual memorial of their great countrymen. The main objects of the "Foundation" are the encouragement of philosophical research and of scientific voyages.

Ayers, of Patent-Medicine notoriety, seems to have taken up the scalpel lately. In an affray with Mr. Fay, Secretary of the Middlesex Mills Company, in Boston, a few days ago, he made rather a clumsy vivisection in that gentleman's abdominal region, severing an artery, endangering his life, and placing the "doctor" under $20,000 bond to answer, in case death should result.

Dr. O'Keefe, in reply to our recent notice of his letter to the *Atlanta Medical and Surgical Journal*, giving an extraordinary account of New York, says:—

"I spent seven days in Philadelphia, not with my eyes cautiously shut, as the 'Reporter' has it, but diligently in search of such clinical advantages as I needed. If they existed there, I failed to find them; not but what there are numerous hospital institutions in the city, but it seemed to me so many obstacles and restrictions were thrown in the way, that I left Philadelphia under the serious apprehension that I should not obtain that full and free access to disease which I desired."

We regret that he was unable to find the clinical opportunities of this city. He must have been bewildered among the multiplicity of hospitals, and in the predicament of the individual, who "declared he could not see the town, there were so many houses."

Dr. O'Keefe was certainly neglected by the profession of this city, as they did not take him around to show him the hospitals,—and for this he feels sore. But the fact is, that visiting lions are so frequent here, that their novelty does not attract so much attention as is the case in the less-frequented region of New York, where, he says, the clinical advan-

tages were "literally pressed and crowded on him."

However, we are willing to atone for the above neglect, which he feels so sensitive about, and will offer to show him where he can find, in this city, unequaled clinical advantages in the largest and best hospitals in this country; and, as Dr. O'Keefe is evidently a gentleman of intelligence, he will be able to appreciate them.

Dr. Von Moschzisker.—This gentleman having returned to this city, has called on us, and satisfied us of his ability and willingness to settle certain "little bills" that we intimated in a recent number had been left outstanding. With the credentials and abilities that Dr. M. claims to possess, we cannot help thinking that he has committed a grave error in hitherto identifying himself with roving quacks rather than with the medical profession. If he has any claim to skill as a surgeon, (and he expresses a perfect willingness to abide the severest tests,) it belongs, in consideration of the source whence his knowledge was obtained, *by right*, we may say, to the profession through whose portals he has a passport. How a man who really possesses high credentials as a medical man, and abilities as a practitioner, can occupy whole columns of newspapers in an offensive parading of his professions before the public one day, and then leave the next for a distant point, to go through the same process there, we cannot conceive, or if he obtains patients, we do not understand how he can do them full justice. We trust that Dr. M. will, in accordance with an intimation made to us, forsake these objectionable modes, identify himself with the profession, and trust to merit to place him in that position as a surgeon, which will enable him to respect himself, to be respected by others, and which, if he possesses the abilities he claims, will bring its sure reward, while, if he continues to pursue the opposite course, he must of necessity be classed with irregular practitioners.

Obstetric Engagements binding.—The *Lancet*, in reply to a correspondent, makes the following remarks:—

"When a patient engages a medical practitioner to attend her in confinement, it is a contract binding upon both parties; it would be disastrous if this were not the case. It is a contract which involves the interests of the community far more than that of the profession.

"The woman engages a practitioner of reputation and skill to assist her in the hour of 'nature's sorrow;' she holds him in equity bound to fulfil his contract. It would be monstrous, indeed, if under any influence of will or caprice she should be allowed to break a contract of such a nature. The law does not allow her to do it; and, if a gentleman has been so engaged, and is ready to fulfil his engagement, the law will protect him, and he will be able to recover his fee whether he be called to officiate or not When not called, we have never been advocates for a practitioner resorting to his legal remedy; but forbearance may have its limits, and there may be cases in which a legal tribunal may justly uphold not only the rights, but the dignity of the profession. Contracts of this nature are not to be entered into lightly, or without reflection; and when they are made, they are to be regarded as solemn obligations to be fulfilled by both parties."

Dr. L. P. Yandell.—The trustees of the Memphis Medical College have had the wisdom to elect Dr L. P. Yandell, late of Louisville, to the Presidency of that flourishing institution in the place of Dr. Pittman resigned. Dr. Y., by his tact, and talent, and marvelous energy, will make the Memphis Medical College, in a very short time, one of the most prosperous in the western country. As an officer of a medical institution, he has few equals anywhere.

Lectures on Botany.—Dr. J. G. Cooper is delivering a course of Lectures on Botany at the College of Physicians and Surgeons in New York. The lectures are given at 2½ o'clock P. M., on Tuesdays, Thursdays, and Saturdays. This is a subject to which medical men do not pay sufficient attention.

M. Flourens, in a note addressed to the Academy of Sciences, claims to have discovered and demonstrated by experiments, as long ago as 1829, the part that the dura mater plays in the formation of the bones of the cranium.

Army and Navy News.—A Medical Board, to consist of Surgeon C. McCormick and Assistant Surgeons C. C. Keeney and R. Murray, has been ordered to assemble at San Francisco, Cal., on the first day of November

next, for the examination of Assistant Surgeon T. A. McParlin, for promotion in the Medical Staff of the Army. On the completion of his examination, Assistant Surgeon McParlin will return to his proper station at Fort Walla-Walla, W. T.

Assistant Surgeon S. W. Crawford has been ordered to repair to New York city, thence to report, by letter, to the Surgeon General of the Army.

Leave of absence for thirty days is granted Surgeon J. Simons, Medical Department.

The *Journal de Bruges*, says that an intermittent fever rages at the present moment, with fearful violence, at Dixmude and its suburbs, (Belgium.) Entire families are attacked. The hospital at Dixmude is completely filled with patients, and every day the fever is extending its ravages more and more. There are at Dixmude only six doctors, who have now under their care about 1500 sick. The want of water in the ditches, which consequently exhale the most noisome effluvia, appears to be the cause of this malady.

The medical profession of this city will be gratified to know that a full and correct directory of Philadelphia is in preparation by S. E. Cohen, to be issued by the first of next January.

The inaccuracy and incompleteness of the only directory for a long time published, will make the new one very acceptable. The enterprise has been extensively patronized. Subscriptions can be sent to the office, No. 606 Chestnut street.

ANSWERS TO CORRESPONDENTS.—*Dr. C., Luzerne Co., Pa.*—Hydrocele may be treated successfully by the seton. The method we are in the habit of employing is first to puncture the sac of the tunica vaginalis by the ordinary trocar and canula, and after evacuating the fluid, before removing the canula, carry through it a long needle, armed with half a dozen threads of silk, and bring it out some distance above. The canula may now be removed, the seton knotted and allowed to remain three days or longer, if the requisite amount of inflammation is not excited; after which a single thread should be removed every day until all are taken out.

Dr. E., Boston.—The chloroform made by Powers and Weightman, of this city, is in extensive use, and believed to be perfectly pure. It is probably as reliable as that to which you allude, which is imported and sold at an exorbitant price.

Dr. F., Darlington District, S. C.—A truss was forwarded on the 12th, according to your directions.

MARRIAGES.

STRADLEY—WADSWORTH.—On the 15th inst., by Rev. M. N. Morris, at the residence of the bride's father, Hartford, Ct., Dr. John Stradley, of Wilmington, Delaware, to Miss Carrie E. Wadsworth.

ROWE—WHEAT.—On the 7th instant, in Branford, Conn., by Rev. A. C. Wheat, Dr. J. Walton Rowe, of Philadelphia, to Miss Maria P. Wheat, of Louisville, Ky.

ATLANTA MEDICAL COLLEGE.

PREPARATORY COURSE.

IN addition to the regular Summer Course of Lectures, which opens on the first Monday in May, a preparatory course of instruction has been established by the Faculty.

The second session of the Preparatory or Winter Course will commence on the first Monday in November next, and continue until the last of the following February.

Lectures will be given daily by the Professors of the College, with examinations, dissections, and clinical instruction, as in the regular Summer Course of Lectures.

This Preparatory Course will not count as a full course in the requisites for graduation, neither is it obligatory on a student in order to be admitted to examination at the end of the regular Summer Course.

The fees for the Course amount to *fifty dollars*, which amount will be deducted from the fees of the ensuing Regular Course.

For Further information, address

J. G. WESTMORELAND, Dean.

Atlanta, Ga., Sept. 16, 1859. 153

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At the Upper End of College Avenue,

Entrance from Tenth st., between Market and Chestnut sts.

WINTER ANNOUNCEMENT.

The Winter Term in this old established Institution will commence on the 1st of September, and continue until the 1st of March.

The opportunities for prosecuting Practical Anatomy are equal to those in any of the Colleges.

There are *two large dissecting rooms*, well ventilated and amply supplied with gas, water, and *material*. Lecture rooms, and anatomical museum, provided with everything necessary to elucidate this branch.

A full course of lectures on *special* and *surgical* anatomy will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clock P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges.

Fee for the whole course, $10.

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A CORNER DRUG STORE, AN OLD STAND, prominently and pleasantly located, and doing a good business, will be sold low, with or without the property. The proprietor, a physician, has conducted the business for the last ten years, intends leaving the city, and would use his influence to secure the continuance of a respectable practice and custom to a worthy successor. This is a rare chance for a competent and industrious person. References of the highest respectability given. For particulars, address "Physician," care of

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